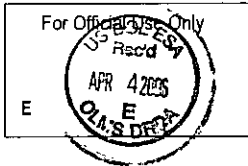


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 11811	2. Fiscal Year Covered From 1 / 1 / 2005 Through: 12 / 31 / 2005
3. Name and address of person filing. Name Scott K Horn P.O. Box, Bldg., Room No., if any Street 6101 Lubkin St City Boise State Idaho ZIP Code + 4 83704	4. Name, file number, and address of labor organization. Name CWA Local 7603 Labor Organization File Number 000-188 P.O. Box, Building and Room Number, if any Street 412 E 4th St Ste 2 City Boise State Idaho ZIP Code + 4 83714
5. Position in labor organization. Executive Vice President	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name See Attachment Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. See Attachment 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On 03/23/2006
Date

(208) 230-5939

Telephone Number

PART A ATTACHMENT

6

EMPLOYER
QWEST COMMUNICATIONS
999 MAIN
BOISE ID 83702

	date	AIRFARE	HOTEL	MEAL
HEALTH AND WELLNESS ADVISORY COMMITTEE MEETING	January 27, 2006	\$381.00	\$92.00	\$0.00
HEALTH AND WELLNESS ADVISORY COMMITTEE MEETING	March 15, 2006	\$522.39	\$92.00	\$0.00
HEALTH AND WELLNESS ADVISORY COMMITTEE MEETING	June 13, 2006	\$452.38	\$92.00	\$0.00
HEALTH AND WELLNESS ADVISORY COMMITTEE MEETING	October 19, 2006	\$382.65	\$184.00	\$0.00
HEALTH AND WELLNESS ADVISORY COMMITTEE MEETING	December 6, 2006	\$375.75	\$92.00	\$35.00
		\$2,114.17	\$552.00	\$35.00
			TOTAL	
				\$2,701.17